

Honorable Linda B. Riegler  
United States Bankruptcy Judge  
300 Las Vegas Boulevard South  
Courtroom 1  
Las Vegas, Nevada, 89101

RECEIVED AND FILED 4/14/2007

2007 APR 19 P 1:18

U.S. BANKRUPTCY COURT  
PATRICIA GRAY, CLERK

Case Number: 06-10725  
Proof of Claim Numbers; 10725-00831  
10725-00832

RE: Objection to the Relief Requested Regarding  
Second Omnibus Objection of USA Commercial  
Mortgage Company to Claims Asserting Secured Status

Dear Judge,

I am objecting to USACM Liquidating Trust  
objecting to the Proof of Claims that I filled.

I filed two Proof of Claims on October 30, 2006, to  
protect my assets. Both Proof of Claims show part of  
each Claim as 'secured' and the remainder of each Claim  
is shown as 'unsecured'. You can see this in box 5 on  
each Claim. I do not think that the Liquidating Trust  
really looked at my Claims; they just want everything  
listed as 'unsecured'.

The part of each claim that is shown as 'unsecured'  
is the part of my assets that was DIVERETED, or as

some people would say STOLEN. The smaller portion of each Claim is the part of my note that is secured by the Barrower's project.




I have included copies of the Proof of Claims.

I hope that USA Capital has to return all the funds that it took from all of the investors, as it should be made to do. You are the only person who can make them accountable at this point in time. Allowing them to hide assets due to legal maneuvers is not just. There has to be a law that covers this.

Sincerely,

A handwritten signature in cursive script, appearing to read "Guy Archer", with a long horizontal flourish extending to the right.

Guy Archer  
1725 Fairfield Ave.  
Reno, NV. 89509  
(775) 322-2822

<b>UNITED STATES BANKRUPTCY COURT</b> <b>DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>		 <b>YOUR CLAIM IS SCHEDULED AS:</b>	
<b>Name of Debtor:</b> <b>USA Commercial Mortgage Company</b>		<b>Case Number:</b> <b>06-10725-LBR</b>		Schedule/Claim ID    s31573 Amount/Classification \$12,951.80 Unsecured	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
<b>Name of Creditor and Address:</b>  11321240001843 GUY ARCHER 1725 FAIRFIELD AVE RENO, NV 89509-3221		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.			
<b>Creditor Telephone Number</b> <u>775 322-2842</u> <b>Last four digits of account or other number by which creditor identifies debtor:</b>		Check here <input type="checkbox"/> replaces a previously filed claim dated: _____ if this claim <input type="checkbox"/> or amends			
<b>1. BASIS FOR CLAIM</b>					
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned		<input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from: _____ to _____ (date) (date)	
<input checked="" type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances)					
<b>2. DATE DEBT WAS INCURRED:</b> <u>6-1-05</u> <b>3. IF COURT JUDGMENT, DATE OBTAINED:</b>					
<b>4. CLASSIFICATION OF CLAIM.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.					
<b>UNSECURED NONPRIORITY CLAIM \$ <u>12,951.80</u></b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.					
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim:					
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).					
<b>SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____					
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
<b>5. TOTAL AMOUNT OF CLAIM \$ <u>12,951.80</u> \$ <u>24,053.98</u> \$ _____ \$ <u>37,005.78</u></b> <b>AT TIME CASE FILED:</b> (unsecured) (secured) (priority) (Total)					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
<b>7. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>8. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911				<b>THIS SPACE FOR COURT USE ONLY</b>  <b>FILED OCT 30 2006</b>  USA CMC  1072500831	
<b>DATE</b> <u>10-25-06</u>		<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Guy Archer</u>			

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

ARCHER, GUY  
1725 FAIRFIELD AVE  
RENO, NV 89509-3221

**PLEASE NOTE THAT THE DEBTOR IS OBJECTING TO THE CLAIM THAT YOU FILED.  
PLEASE REVIEW THE NOTICE AND OBJECTION FOR DEADLINES TO RESPOND.**

## **Cover Sheet**

### **USA COMMERCIAL MORTGAGE COMPANY**

**Claims Asserting Secured Status - Reclassify as General Unsecured Claims**

<u>Claimant</u>	<u>Case Number</u>	<u>Proof of Claim Number</u>	<u>Date Filed</u>	<u>Proof of Claim Amount</u>	<u>Proof of Claim Priority</u>
ARCHER, GUY 1725 FAIRFIELD AVE RENO, NV 89509-3221	06-10725	10725-00831	10/30/2006	\$37,005.78	S, U

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ARCHER, GUY 1725 FAIRFIELD AVE RENO, NV 89509-3221	06-10725	10725-00832	10/30/2006	\$29,521.73	S